PRIOR AUTHORIZATION POLICY

POLICY: Natpara Prior Authorization Policy
- Natpara® (parathyroid hormone subcutaneous injection – Shire-NPS/Takeda)

REVIEW DATE: 04/24/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Natpara, a replica of the endogenous parathyroid hormone, is indicated as an adjunct to calcium and vitamin D to control hypocalcemia in patients with **hypoparathyroidism**.[1]

Limitations of Use: due to the potential risk of osteosarcoma, Natpara is recommended only for patients who cannot be well-controlled on calcium supplements and active forms of vitamin D alone. Natpara was not studied in patients with hypoparathyroidism caused by calcium-sensing receptor mutations; and Natpara was not studied in patients with acute post-surgical hypoparathyroidism.

Before initiating and during therapy with Natpara, 25-hydroxyvitamin D stores should be sufficient.[1] In addition, before initiating Natpara, serum calcium concentration should be > 7.5 mg/dL In the pivotal study, a responder to Natpara therapy was defined as an individual who had: ≥ 50% reduction from baseline in the dose of active vitamin D, ≥ 50% reduction from baseline in the dose of oral calcium supplementation, and an albumin-corrected total serum calcium concentration between 7.5 mg/dL and 10.6 mg/dL.

Natpara has a Boxed Warning about the potential risk of osteosarcoma.[1] Parathyroid hormone has been shown to increase the incidence of osteosarcoma in male and female rats; the risk was dependent on dose and treatment duration. A risk to humans could not be excluded. Natpara is available only through a restricted Risk Evaluation and Mitigation Strategy (REMS) program; only certified healthcare providers can prescribe and only certified pharmacies can dispense Natpara.

Note: Natpara continues to be unavailable except for select patients through a Special Use Program. On October 4, 2022, the manufacturer (Takeda) released a statement that it will discontinue manufacturing Natpara globally at the end of 2024 due to unresolved supply issues.[2] Takeda will not re-commercialized Natpara in the US (or globally). Beyond 2024, Takeda intends to supply available doses until inventory is depleted or expired.[2]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Natpara. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Natpara as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Natpara to be prescribed by or in consultation with a physician who specializes in the condition being treated.

- **Natpara® (parathyroid hormone subcutaneous injection (Shire-NPS/Takeda)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Chronic Hypoparathyroidism.** Approve for 1 year if the patient meets ONE of the following conditions (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following criteria (i, ii, iii, and iv):
     - **i.** Patient cannot be well-controlled on calcium supplements and active forms of vitamin D alone; AND
     - **ii.** Patient's 25-hydroxyvitamin D stores are sufficient (before initiating Natpara therapy) according to the prescriber; AND
     - **iii.** Patient's serum calcium concentration is > 7.5 mg/dL before initiating Natpara therapy; AND
     - **iv.** The medication is prescribed by or in consultation with an endocrinologist.
   - **B)** Patient is Currently Receiving Natpara. Approve if the patient meets ALL of the following criteria (i, ii, and iii):
     - **i.** Patient cannot be well-controlled on calcium supplements and active forms of vitamin D alone; AND
     - **ii.** Patient's 25-hydroxyvitamin D stores are sufficient (during Natpara therapy) according to the prescriber; AND

iii. Patient is responding to Natpara therapy, according to the prescriber.
Note: Response to Natpara therapy include reduction in the patient's oral calcium dose; reduction in the patient's active vitamin D dose; maintenance of a stable albumin-corrected total serum calcium concentration.

CONDITIONS NOT COVERED

- **Natpara® (parathyroid hormone subcutaneous injection (Shire-NPS/Takeda)**

is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Acute Post-Surgical Hypoparathyroidism.** Natpara was not studied in patients with acute post-surgical hypoparathyroidism.

2. **Hypoparathyroidism Caused by Calcium-Sensing Receptor Mutations.** Natpara was not studied in this patient population.

REFERENCES

1. Natpara® subcutaneous injection [prescribing information]. Lexington MA: Shire-NPS/Takeda; February 2023.
2. Takeda to discontinue manufacturing of Natpara®/Natpara® for patients with hypoparathyroidism at the end of 2024. Available at: https://www.takeda.com/en-us/newsroom/statements/2022/takeda-to-discontinue-manufacturing-of-natpar-natpara. Accessed on April 18, 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	04/19/2023
Annual Revision	**Chronic Hypoparathyroidism – Patient is Currently Receiving Natpara:** For the criterion regarding patient response to Natpara, examples of response to Natpara were moved to a Note.	04/24/2024